

TESTIMONY

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Planned Parenthood of Illinois is pleased to have the opportunity to provide testimony to the Health Reform Implementation Council. Workforce development will be key strategy in the successful implementation of health care reform.

The shortage of medical professionals in Illinois affects Planned Parenthood in two major ways. First, as a non-profit, Planned Parenthood faces challenges finding and hiring qualified advanced practice nurses at competitive salaries. Second, Planned Parenthood often has difficulty finding specialists who are willing to take on Planned Parenthood patients, especially if those patients are on Medicaid.

PPIL is a non-profit health care provider that focuses on providing basic reproductive health care to low income individuals. Less than 10% of our patient population is insured. The majority of our patients are receiving some sort of government assistance for their health care. Historically, we have relied on advanced practice nurses to provide high quality and affordable care to our patients. In recent years, when staffing PPIL health centers, we are increasingly in competition with other local health care providers who are hiring advanced practice nurses to provide primary, pediatric, and reproductive health care. Many of these providers are for-profit entities, and their patient population is primarily insured. They have greater resources for providing competitive salaries and benefit packages to their employees. Nurses with advanced practice preparation, including nurse practitioners and clinical nurse specialists, currently command salaries of \$80,000 and upwards. As the demand for advanced practice nurses increases, it will become even more difficult for non-profit community health care providers to offer high quality, affordable care.

Although the current economic downturn has somewhat alleviated the nursing shortage, it is still expected to grow in coming years. One of the contributing factors is the aging of the nursing population. While the demand for nurses, including advanced practice nurses, will increase, the number of nurses will plateau as a large segment of the nursing population reaches retirement age. Nursing schools currently do not have the resources to graduate new nurses and provide them with the higher learning they need to achieve advanced practice status. Cutbacks to universities are contributing to this problem.

We know that Health Care Reform will provide millions of people with the opportunity to afford health care coverage for the first time. But this coverage will be of no good to them, if they cannot access care due to a lack of providers. In order for Health Care Reform to be successful, investments must be made to ensure that universities have the resources and staffing necessary to provide rigorous and high-quality educational opportunities for future nurses. Incentive

programs can be developed to bring current nurses into teaching positions to help universities grow their capacity to graduate more nurses. In addition, scholarship and financial aid programs targeted at developing the medical work force would help encourage individuals to pursue nursing. These programs could include incentives for nurses who choose to work in non-profit, community agencies.

PPIL is also affected by another type of workforce shortage. While we recognize that there is a need for more primary care professionals and that all individuals must have access to primary care, it is our experience that barriers to specialized care are also a very real problem for low income patients. In downstate and rural Illinois, there is a general shortage of professionals who specialize in OB-GYN care. Women who have insurance often have to wait months to get an annual exam appointment. Low-income women who rely on government assistance may never get an appointment with a private practice provider. These women regularly come to PPIL for services. However, sometimes we must refer them on for specialized care. When one of our patients who relies on Medicaid needs specialized care, this is a challenge. Many specialists, including obstetricians, do not take Medicaid. The challenge becomes even greater if the woman has a complicated medical history or condition.

For example, PPIL had a case of a rural central Illinois woman with a planned pregnancy that involved severe fetal anomalies that were not only incompatible with the survival of the fetus but also threatened the woman's health. Any Illinois woman, insured or not, faces a serious lack of abortion providers. However, that shortage is compounded when the woman is on Medicaid. We finally found a provider in the Chicago area who would take on her complicated case despite the extremely low Medicaid reimbursement rate. The woman had to travel over 200 miles to receive care from a provider willing to take Medicaid. This illustrates the current crisis in access to reproductive health care in Illinois. It is only one of many. We could provide other examples of Medicaid patients with high risk pregnancies, reproductive cancers, and other complex medical issues who had difficulty in finding a specialized provider willing to care for them.

In the coming years, Illinois is slated to dramatically increase the number of individuals who will be eligible for Medicaid. While this is a step forward, it will be meaningless if providers are unwilling to accept Medicaid patients. The State of Illinois must address the issues of low reimbursement rates and long payment cycles or providers will never be interested in joining the Medicaid program.

Likewise, when forming the Illinois Exchange, care must be taken to ensure that it is not seen as a Medicaid-like program with low reimbursement rates, long payment cycles, and massive bureaucracy. Otherwise, providers will be loath to accept the insurance plans offered in the Exchange. Health Care Reform will provide millions of families with the ability to have health coverage they can afford. However, if providers believe that the coverage is sub-standard in reimbursement, the newly insured will have no more access than they currently do now.

Therefore, in addition to programs aimed at increasing the downstate and rural Illinois workforce specializing in OB-GYN care, the State must ensure that those providers are willing to provide care to those covered by Medicaid and Exchange plans.

Again, I thank you for allowing me to share with you Planned Parenthood's concerns regarding workforce development in health care reform implementation in Illinois. We look forward to working with the Governor, the General Assembly, and the Council to make health care reform work for the women of Illinois.